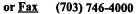
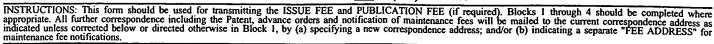
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





maintenance fee notification	ns.	in Block I, by (a) sp	ecitying a new o	orrespondence address	will be mailed to the current ; and/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for
	CE ADDRESS (Note: Legibly mark-up 590 03/17/2004	with any corrections or use I	Block 1)	papers. Each addition	f mailing can only be used for his certificate cannot be used al paper, such as an assignment to of mailing or transmission.	for any other accompanying
Sughrue Mion Zi 2100 Pennsylvania Washington, DC 2		MAY 2 4 20	104 S	I hereby certify that to States Postal Service addressed to the Ma	rtificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO, on the date indicated bel	g deposited with the United st class mail in an envelope
			, SE,			(Depositor's name)
	MADEMACIA				. (Signature)	
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,276	12/10/2001	Hiroyuki His		hi	Q67050	6088
TITLE OF INVENTION: N	OVEL HETEROCYCLECA	RBOXAMIDE DERIV	VATIVE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PI	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1330	06/17/2004
EXAMINER		ART UNIT		LASS-SUBCLASS	1	
PATEL, SUDHAKER B		1624		514-183000	J	
Change of correspondence address or indication of "Fe					Parth d	
Address form PTO/SB/12  "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	on (or "Fee Address" Indicat or more recent) attached. Use RESIDENCE DATA TO B	ion form all all all all all all all all all al	agent) and the names of up to 2 registered patent			
(A) NAME OF ASSIGNI		(B) RE	ESIDENCE: (CIT	TOKYO, J	UNTRY)	ite when an assignment has gnment.
Please check the appropriate	assignee category or categor	ies (will not be printed	i on the patent);	individual 🗗 c	orporation or other private gre	oup entity
4a. The following fee(s) are enclosed:  Wissue Fee  A check is attached for the NOA Fees payment.  Please charge any payment deficiency and credit overpayment to PODA 19-4880.  Ab. Payment of Fee(s)  A check is attached for the NOA Fees payment.  Please charge any payment deficiency and credit overpayment to PODA 19-4880.						ny overpayment, to
	sted to apply the Issue Fee an		ny) or to re-apply	any previously paid is	sue fee to the application ider	ntified above.
NOTE; The Issue Fee and other than the applicant; a interest as shown by the rec This collection of informat obtain or retain a benefit be application. Confidentiality estimated to take 12 minute completed application form case. Any comments on the suggestions for reducing the Patent and Trademark O 22313-1450. DO NOT SI	a C k  Publication Fee (if require a registered attorney or age cords of the United States Patients of the public which is to fill is governed by 35 U.S.C. 12 es to complete, including gain to the USPIO. Time will the amount of time you rais burden, should be sent to office, U.S. Department of END FEES OR COMPLET for Patents, Alexandria, Virginal Company of the complete of Patents, Alexandria, Virginal Company of the complete of Patents, Alexandria, Virginal Company of the company	nt; or the assignee or tent and Trademark Off 1.311. The information is (and by the USPTO 12 and 37 CFR 1.14. Thering, preparing, and vary depending upon equire to complete the other Chief Information of Commerce, Alexan ED FORMS TO TH	other party in fice.	05/25/2004 S 01 FC:1501	MINASS2 00000157 1000	9276 1330.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.